

Community-Level Intervention

Date: _____

– Process Evaluation – (Example for 1 Intervention)¹

Agency Name/ ID: _____

	Primary Population	Secondary Population
Risk Population Mark the risk population this form describes. This list reflects CDC's surveillance hierarchy of exposure categories. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public 	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public

Check which of the following best describes your agency:

- | | | | |
|----------------------------|---------------------------|------------------------|--------------|
| • CBO - Minority Board | • State Health Department | • Academic Institution | • Individual |
| • CBO - Non-Minority Board | • Local Health Department | • Research Center | • Other |
| • Other Nonprofit | • Other Government | | |

Check the following categories that describe the intervention. You may select more than one.

- | | |
|-----------------------------|--------------------------------------|
| • Community Mobilization | • Policy Intervention |
| • Social Marketing Campaign | • Structural Intervention |
| • Community-wide Events | • Other Community-level Intervention |

Community Mobilization

If intervention is a community mobilization, enter the number of individuals and institutions that were mobilized (recruited and they participate) by your agency for HIV prevention efforts for this risk population.

	Individuals	Businesses	Agencies and Organizations	Media Outlets
Number to Be Recruited				

Community-Level Process Evaluation

¹ This form is an example that can be used to characterize the critical elements for each intervention of this type. If helpful, data from these forms can then be aggregated to meet the reporting needs described in *Volume 1: Guidance*.

Other Community-Level Interventions As part of the pilot testing process, please describe any other types of community-level interventions your agency implemented. These may include

- C Social Marketing Campaigns
- C Policy Interventions
- C Structural Interventions
- C Community-wide Events

This information will help the CDC determine future revisions to the evaluation guidance. Please attach additional sheets as necessary.

Staffing and Expenditures

Number of full-time equivalent staff involved in this community-level intervention whose salaries are funded by CDC:

Number of volunteers involved in this community-level intervention:

CDC 99004 HIV Prevention funds that were expended for carrying out all aspects of this community-level intervention:

\$ _____